

FILED

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APRIL 3, 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

FEB 29 2008 *aw*
2-29-2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

LARRY L. ROBERSON

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

08CV1239
JUDGE ASPEN
MAG. JUDGE COLE

vs.

Case No: _____
(To be supplied by the Clerk of this Court)

CERMAK Health Center

DR. A. DUNLAP

THOMAS S. DART

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: LARRY ROBERSON
- B. List all aliases: N/A
- C. Prisoner identification number: 20070056458
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089002 Chicago IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Cermak Health Center
 Title: Head over the Doctors
 Place of Employment: Cook County Jail
- B. Defendant: DR. A. DUNLAP
 Title: Doctor of division 10 Head Doctor
 Place of Employment: Cook County Jail
- C. Defendant: Thomas S. Dart
 Title: (Sheriff) of Cook County Jail
 Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

- A. These people ARE directly, AND indirectly responsible
for the actions of there employees whom failed
to up hold Their Job discriptions. As I may say I
am a diabetic I had this illness for Eight in a
half years (8 1/2 yrs). I been taking INSULIN SINCE I
been a diabetic, the INSULIN I been taken is Novolin
70/30 twice a Day. ONCE in the morning IN once
at Night. When I first came to the county Jail
they put me in division 8 RTU, I was taken
INSULIN 70/30 18 units in moring 22 at Night. ONCE in
division 8 DR. R. LEDVORA put me out of division
8 CAUSE I got into a fight with AN inmate, he
took me of INSULIN IN move me to division 5 to
Seg, while IN Seg when they move me in August
I was taken metformin 1000 mg, what I can't whole
in my Stomach. I Do state in stand by the claim that
Cermak health Center is responsible for my medica problem
getting worsen. IN I'm in pain without my INSULIN.

The pills can not hole on my Stomach I defacated all the time in throw up everything that I Eat. The Metformin is Not suitable for me, it is messin up my Eye sight, I be seeing two little black dots in lost of vision most of the time. My Sugar is all ways high cause of Know insulin.

B. Defendant DR. Dunlap. I told MRS DR. A. Dunlap That I take insulin in the world that the pills you all havn me takin is Not suitable for me I have a weak Stomach. I took the flu visine in I still Caught it on 21 After I took the flu shoot in October 2007, was sent to the ER Room, with AN I.V. in me in to Fluids bags. Mrs Dunlap told me not to take my pills cause I have the flu.

C. Defendant Thomas S. Dart. Sheriff of Cook County Jail He is the boss oversee of Cook County Jail, employees being the boss or head of mahagement, he is responceable for the people who are trained employees in paid by his staff. He fail to protect my health in wheal being, because he fail to empilment the proper grevican committed. I been Seen Now by two different doctors who are Confused As to why my Medica probloms are, in they ARE getting worsts, bleed Sugar staying high. I hole the director of Cook County Jail Cermak health center Name UNKNOWN IN Sheriff Dart.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I have got locked up on July 28, 2007 have not had my Insulin
in 7 1/2 months case they move me out of the building
division 8 Rtu. I been suffering for pain in lost of vision in a
lot of suffering. I will like to say they indanger my life for
not giving my insulin. I will like to get paid for the time being
that they have not been giving my insulin for almost 9 months

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this February day of 24, 20 08

Larry L. Roberson

(Signature of plaintiff or plaintiffs)

LARRY L. ROBERSON

(Print name)

20070056458

(I.D. Number)

P.O. Box 089002 Chicago IL 60608

Division 10 2B Cell 11

(Address)